

Dear Sir:

01-57

I Am Writing to You regarding Satellite Radio, because I read that you would be interested in hearing listeners comments.

1) I have listened to satellite radio for approx 2 years and I would welcome a merger between the 2 companies because it would combine the best of the 2 companies.

2) I would be able to listen to both the N.F.L. and Major league baseball, also the best of the music and talk shows.

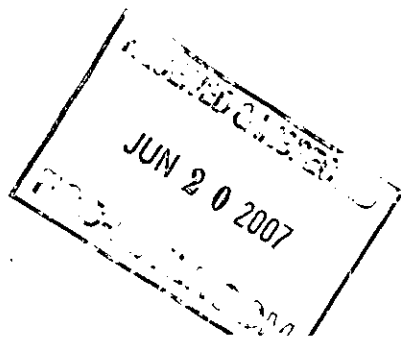
3) I do not believe it would be a monopoly as I could always cancel my subscription and listen to free radio.

Thank You for giving the public a voice in this matter.

Patrick DiSalvo



Mr. Patrick DiSalvo
3475 Carol Ct.
Yorktown Hts., NY 10598-2201



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List A B C D E

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INQUIRY FOR PATRICK DISALVO

Complaint Type: Satellite

Account Type: Residential

☐ Congressional Complaint ☐

IC Number:	07-10278982	Case Type:	Inquiry
Date Received:	06/20/2007	Complainant:	Patrick Disalvo
Date Entered:	06/26/2007	Date Assigned:	06/26/2007
Entered By:	PORTALSV1	Date Reassigned:	
Assigned To:	Robin McCullough/FCCIN	Service Date:	
Date Closed:		Response Date:	
Closed By:		Original Analyst:	
Close Letter Needed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Purged By:	Purged Date:
		Removed By:	Removed Date:
Supervisor Check:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Indecency Referral Code:	

Current Status: Pending Analyst Review

[View Complaint](#)

Associated Case:

Complaint Summary:

Apparent Carrier(s):			
<input type="checkbox"/> Yes<<< Check here if you wish to serve both a Wireline and Wireless carrier.			
Problem Number:			
Title: None	First Name: Patrick	Middle Initial:	Last Name: Disalvo
Contact Name:	Patrick Disalvo	Best Time to Call:	
Contact Number:	Ext.	Consumer's Telephone Number:	Ext.
Fax Number:		TTY Number:	
Email Address:		Internet Address:	
PO Box:		Address:	3475 Carol Court
City:	Torktown Heights	State: NY	Zip: 10598-2201

On Behalf Of:	
Company Name:	
Party's Name:	Relationship with the Party:
Party's Contact Number: Ext.	PO Box:
	Address:
	City: State: Zip:
Other Party that can be contacted?	
Name:	Relationship:
Contact Number: Ext.	Address:
	City: State: Zip:
**Amount of credit FCC effort generated:	Duplicate Credit Checked: <input type="radio"/> Yes <input checked="" type="radio"/> No

Have you paid any of the disputed charges?

Did the company billing for these charges adjust or refund some or all of the disputed charges?

If yes, what was the amount of the adjustment or refund?

b. Telephone number for the carrier(s) or company(ies) involved

with your complaint, including area code:

Phone: Ext:

c. Which type of service is involved with your complaint: